

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED

2012 AUG -3 AM 11:34

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LAMAR STERNAD FOR CONGRESS

ADDRESS (number and street)

19790 SW 101 AVENUE

Check if different than previously reported. (ACC)

CUTLER BAY FL 33157 - 8607

2. FEC IDENTIFICATION NUMBER ▼

C 00505529

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

FL 26

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of

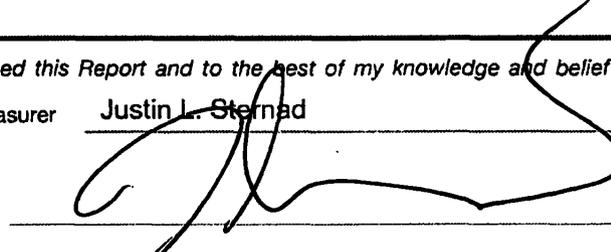
5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
04 / 01 / 2012 through 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Justin L. Sternad

Signature of Treasurer



Date

MM / DD / YYYY  
08 / 01 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

12030871334

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**LAMAR STERNAD FOR CONGRESS**

Report Covering the Period: From:

04 / 01 / 2012

To:

06 / 30 / 2012

**COLUMN A**  
This Period

**COLUMN B**  
Election Cycle-to-Date

**6. Net Contributions (other than loans)**

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

0.00

505.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0.00

0.00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

0.00

505.00

**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) .....

10,526.45

10,526.65

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0.00

0.00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

10,526.45

10,526.65

**8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....**

306.95

**9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....**

0.00

**10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....**

10,828.60

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030871335

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**LAMAR STERNAD FOR CONGRESS**

Report Covering the Period: From: 

M	M
04	

 / 

D	D
01	

 / 

Y	V	Y	Y	Y	Y
2012					

 To: 

M	M
06	

 / 

D	D
30	

 / 

Y	V	Y	Y	Y	Y
2012					

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

505.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL of contributions from Individuals ▶

0.00

505.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

505.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

10,803.60

10,878.60

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

10,803.60

10,878.60

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

10,803.60

11,383.60

12030871336

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	10,526.45	11,026.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	50.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	50.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10,526.45	11,076.65

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	29.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10,803.60
25. SUBTOTAL (add Line 23 and Line 24) .....	10,833.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10,526.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	306.95

12030871337

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 13  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LAMAR STERNAD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sternad, Justin L.**

Mailing Address  
**19790 SW 101 Avenue**

City **Cutler Bay** State **FL** Zip Code **33157-8607**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Wyndham Garden** Occupation **Hotel Auditor**

Receipt For: **2012**  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
**05 / 25 / 2012**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sternad, Justin L.**

Mailing Address  
**19790 SW 101 Avenue**

City **Cutler Bay** State **FL** Zip Code **33157-8607**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Wyndham Garden** Occupation **Hotel Auditor**

Receipt For: **2012**  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5375.00**

Date of Receipt  
**06 / 07 / 2012**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Sternad, Justin L.**

Mailing Address  
**19790 SW 101 Avenue**

City **Cutler Bay** State **FL** Zip Code **33157-8607**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Wyndham Garden** Occupation **Hotel Auditor**

Receipt For: **2012**  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10,875.00**

Date of Receipt  
**06 / 07 / 2012**

Amount of Each Receipt this Period  
**5500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**10,800.00**

12030871338

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**LAMAR STERNAD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sternad, Justin L.**

Mailing Address  
**19790 SW 101 Avenue**

City **Cutler Bay** State **FL** Zip Code **33157-8607**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Wyndham Garden** Occupation **Hotel Auditor**

Receipt For: **2012**  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10,878.60**

Date of Receipt  
**04 / 12 / 2012**

Amount of Each Receipt this Period  
**3.60**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **3.60**

**TOTAL** This Period (last page this line number only)..... **10,803.60**

12030871339

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

**LAMAR STERNAD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

Mailing Address

19199 S. Dixie Highway

Amount of Each Disbursement this Period

8.00

City

Cutler Bay

State

FL

Zip Code

33157

Purpose of Disbursement

Maintenance Fee

001

Candidate Name

Justin L. Sternad

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2012

Primary  General  
 Other (specify)

State: FL

District: 26

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2012

Mailing Address

19199 S. Dixie Highway

Amount of Each Disbursement this Period

8.00

City

Cutler Bay

State

FL

Zip Code

33157

Purpose of Disbursement

Maintenance Fee

001

Candidate Name

Justin L. Sternad

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2012

Primary  General  
 Other (specify)

State: FL

District: 26

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Mailing Address

19199 S. Dixie Highway

Amount of Each Disbursement this Period

8.00

City

Cutler Bay

State

FL

Zip Code

33157

Purpose of Disbursement

Maintenance Fee

001

Candidate Name

Justin L. Sternad

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2012

Primary  General  
 Other (specify)

State: FL

District: 26

SUBTOTAL of Disbursements This Page (optional).....

24.00

TOTAL This Period (last page this line number only).....

12030871340

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**LAMAR STERNAD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Date of Disbursement

04 / 12 / 2012

Mailing Address  
1300 Washington Avenue

Amount of Each Disbursement this Period

3.60

City State Zip Code  
Miami Beach FL 33119

Purpose of Disbursement  
Postage

001

Candidate Name  
Justin L. Sternad

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)

State: FL District: 26

Full Name (Last, First, Middle Initial)

**B. Boost Mobile**

Date of Disbursement

06 / 01 / 2012

Mailing Address  
9060 Irvine Center Drive

Amount of Each Disbursement this Period

58.85

City State Zip Code  
Irvine CA 92618

Purpose of Disbursement  
Telephone

001

Candidate Name  
Justin L. Sternad

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)

State: FL District: 26

Full Name (Last, First, Middle Initial)

**C. Florida Department of State**

Date of Disbursement

06 / 05 / 2012

Mailing Address  
500 S. Bronough St. Room 316, R.A. Gray Building

Amount of Each Disbursement this Period

10,440.00

City State Zip Code  
Tallahassee FL 32399

Purpose of Disbursement  
Qualifying Fee

001

Candidate Name  
Justin L. Sternad

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)

State: FL District: 26

SUBTOTAL of Disbursements This Page (optional) .....

10,502.45

TOTAL This Period (last page this line number only) .....

10,526.45

12030871341

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**LAMAR STERNAD FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]  
**STERNAD, JUSTIN L.**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
**19790 SW 101 Avenue**

City State ZIP Code  
**Cutler Bay FL 33157-8607**

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
**3.60 0.00 3.60**

TERMS Date Incurred Date Due Interest Rate Secured:  
**04 / 12 / 2012 M M ON DEMAND 0.00 % (apr) Yes No**

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>3.60</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>3.60</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>3.60</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>3.60</b>

**SUBTOTALS** This Period This Page (optional)..... **3.60**  
**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030871342

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
**LAMAR STERNAD FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]  
**STERNAD, JUSTIN L.**

Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
**19790 SW 101 Avenue**

City State ZIP Code  
**Cutler Bay FL 33157-8607**

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
**300.00 0.00 300.00**

TERMS Date Incurred Date Due Interest Rate Secured:  
**05 / 25 / 2012 ON DEMAND 0.00 % (apr) Yes  No**

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>300.00</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>300.00</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>300.00</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>300.00</b>

SUBTOTALS This Period This Page (optional) ..... **300.00**  
TOTALS This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030871343

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**LAMAR STERNAD FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]

**STERNAD, JUSTIN L.**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
**19790 SW 101 Avenue**

City State ZIP Code  
**Cutler Bay FL 33157-8607**

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
**5,000.00 0.00 5,000.00**

TERMS Date Incurred Date Due Interest Rate Secured:  
**06 / 07 / 2012 ON DEMAND 0.00 % (apr) Yes  No**

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>5,000.00</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>5,000.00</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>5,000.00</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>5,000.00</b>

SUBTOTALS This Period This Page (optional) ..... **5,000.00**  
TOTALS This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030871344

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full)  
**LAMAR STERNAD FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]  
**STERNAD, JUSTIN L.**

Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
**19790 SW 101 Avenue**

City State ZIP Code  
**Cutler Bay FL 33157-8607**

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
**5,500.00 0.00 5,500.00**

TERMS Date Incurred Date Due Interest Rate Secured:  
**06 / 08 / 2012 M M / ON / DEMAND 0.00 % (apr) Yes No**

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>5,500.00</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>5,500.00</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>5,500.00</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>5,500.00</b>

**SUBTOTALS** This Period This Page (optional)..... **5,500.00**

**TOTALS** This Period (last page in this line only)..... **5,500.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030871345

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
**LAMAR STERNAD FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL LOAN]**  
**STERNAD, JUSTIN L.**

Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
**19790 SW 101 Avenue**

City State ZIP Code  
**Cutler Bay FL 33157-8607**

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

**TERMS** Date Incurred Date Due Interest Rate Secured:  
        % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional).....

**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030871346

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked  
8/2/12

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
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PREPARER

(3/2005)

8/3/12

DATE PREPARED

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